RECALL STOCK RESPONSE FORM

RECALL of Phytonadione Injectable Emulsion USP, 10 mg/mL
(Wholesale Level)
09/14/2022

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand the recall instructions and have taken the appropriate action. **If this form is not filled out correctly and in its entirety, you may not be eligible for credit.**

Company Name _____ DEA #_____

Debit Memo # _____ Original Invoice # _____

DEA # and Debit Memo # is required, without it, processing of your form will be delayed.

Address_____

City_____ State_____ Zip_____

Contact Name (please print)_____ Telephone #_____

Contact Signature _____ Date_____

I have checked my stock and:

_____ Do not have any stock of the recalled **items**.

OR

I have quarantined and listed in the box below the quantity of recalled units and will be returning to Inmar. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) and will need_____ # of box labels.

Product Name	Lot Number	NDC Number	Quantity Returned
Phytonadione Injectable Emulsion USP, 10 mg/mL Single-Dose Ampules, 25ct	ACB101	43598-405-16	

Wholesalers and Distributors only

☐ I have identified my customers that were shipped or may have been shipped this product. Attached is a list of customers with their contact details who received/may have received this product.

Any adverse events associated with recalled product? □ Yes □ No

If yes, please explain: _____

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If you did not purchase the product directly from the Manufacturer, please complete the below section.

Purchased from: Wholesaler Name _____DEA #_____

City_____ State_____

If you have any questions regarding this form or product return, please contact Inmar at **855-246-5094** office hours 9am to 5pm (EST) Monday through Friday.

Please fax this form to: 1-817-868-5362 or E-mail: RXrecalls@inmar.com